

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

2014 Annual Report

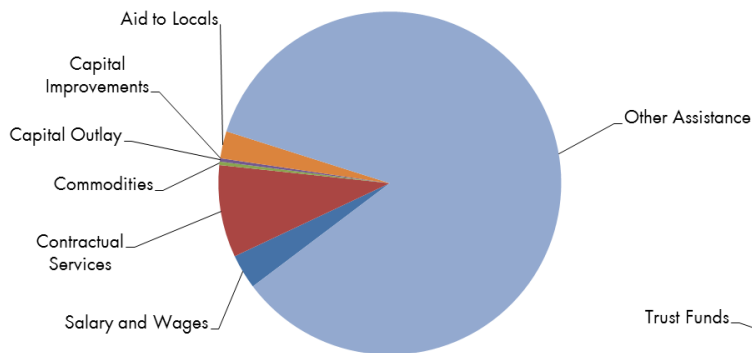


Financials

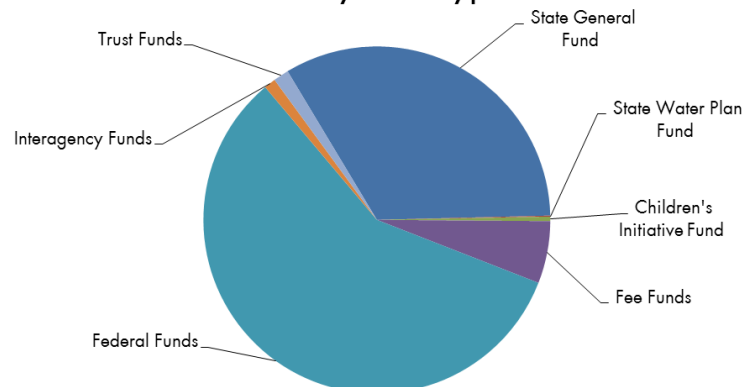
FY 2013 Expenses by FUND					
FUND TYPE	Administration	Public Health	Health Care Finance	Environment	TOTAL AGENCY
STATE GENERAL FUND	5,386,586	18,923,731	643,478,072	6,056,953	673,845,342
STATE WATER PLAN FUND	-	-	-	1,775,027	1,775,027
CHILDRENS INITIATIVES FUND	-	7,313,438	-	1,187,078	8,500,516
AGENCY FEE FUNDS	11,048,091	7,348,422	87,204,581	12,044,420	117,645,514
FEDERAL FUNDS	9,638,414	126,077,808	1,022,738,122	16,912,064	1,175,366,408
INTERAGENCY FUNDS	255,266	-	21,884,297	-	22,139,563
AGENCY TRUST FUNDS	464,769	1,174,247	8,211,121	19,225,926	29,076,063
TOTAL	\$ 26,793,126	\$ 160,837,646	\$ 1,783,516,193	\$ 57,201,468	\$ 2,028,348,433

FY 2013 Expenses by EXPENDITURE					
EXPENDITURE TYPE	Administration	Public Health	Health Care Finance	Environment	TOTAL AGENCY
SALARIES & WAGES	6,992,821	19,817,704	11,868,667	27,685,042	66,364,234
CONTRACTUAL SERVICES	11,915,713	24,287,899	120,572,137	19,563,636	176,339,385
COMMODITIES	87,058	3,728,857	49,341	2,837,268	6,702,524
CAPITAL OUTLAY	335,303	2,125,931	2,557,075	1,283,305	6,301,614
CAPITAL IMPROVEMENTS	-	-	129	39,437	39,566
AID TO LOCALS	49,871	37,252,854	12,170,641	2,444,322	51,917,688
OTHER ASSISTANCE	7,412,360	73,624,401	1,636,298,203	3,348,458	1,720,683,422
TOTAL	\$ 26,793,126	\$ 160,837,646	\$ 1,783,516,193	\$ 57,201,468	\$ 2,028,348,433

FY13 by Expenditure Type



FY13 by Fund Type



OUR MISSION

To protect and improve the health and environment of all Kansans.



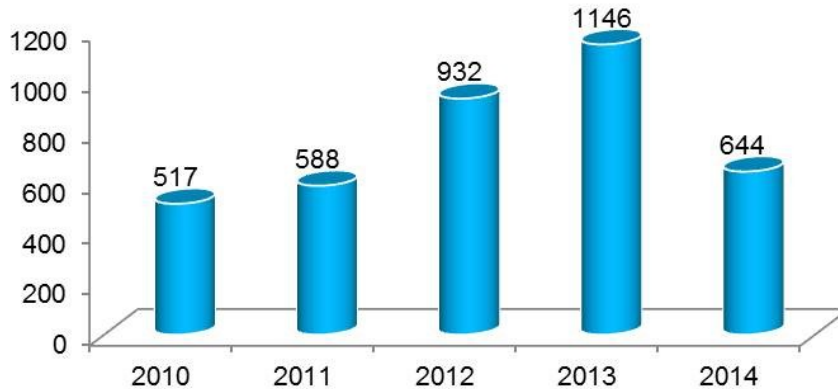
Healthy Kansans living in safe
and sustainable environments.

OUR VISION

Promoting healthy environmental practices in a growing economy

Division of Environment has facilitated an increase of business activity in the State with new construction projects and business expansion at current industrial sites.

Air Construction Permit Documents Issued to Industry



The Bureau of Air has been able to keep permit approval turnaround times as short as possible.

The Bureau of Air (BOA) works with the aviation and energy development sectors to promote growth in the Kansas economy. Keeping these industries up to date on impending regulations

and working with them to help expand their facilities is a top priority for the Bureau. BOA also works with the Governor and the Attorney General to prevent the negative impacts of intrusive federal government regulations. The Bureau has assisted the Attorney General's office in the filing of lawsuits that have been heard in the Supreme Court.

Kansas has experienced a reduction in air pollutants that impact human health. This decrease can only enhance the health and well-being of all Kansans.

In 2014, BOA:

- Online permitting put in place for sources of air pollution.
- With exception of an area of less than a square mile in Saline County, Kansas has no nonattainment areas with the National Ambient Air Quality Standards.
- All documents associated with the largest sources of air pollution in Kansas (Class I permits) have been scanned and indexed for easy referencing.

Maintaining clean water for all Kansans

The foremost goal of the Bureau of Water (BOW) is to **reduce nutrient pollution in Kansas waters**. Currently, 96 percent of all Public Water Supply customers receive water that meets state and federal drinking water requirements. The remaining four percent generally reside in very small communities that are struggling to afford needed upgrades, and BOW will use quality improvement tools to examine the best ways to assist these suppliers in complying with requirements.



Nutrient pollution is the cause of blue green algae (BGA) blooms in reservoirs and biological impairments in flowing waters. Blue-green algae blooms impact local tourism, increase costs for drinking water facilities

to remove BGA toxins as well as taste and odor problems caused by algae. BGA blooms have been directly attributed to deaths of livestock and pets. Nutrient pollution reduction efforts are coordinated through the Watershed Restoration and Protection Strategy (WRAPS) local watershed groups.

2014 BOW Nutrient Reduction Efforts:

- **Nonpoint source management** controlling nutrient runoff, coordinated through the **Watershed Restoration and Protection Strategy (WRAPS)** local watershed groups.
- Incorporation of equitable nutrient reduction requirements in wastewater permits, resulting in a **significant reduction in nutrients from wastewater discharges**.
- Maintaining Kansas' **robust surface water monitoring network**, providing information necessary to track progress in nutrient reduction.

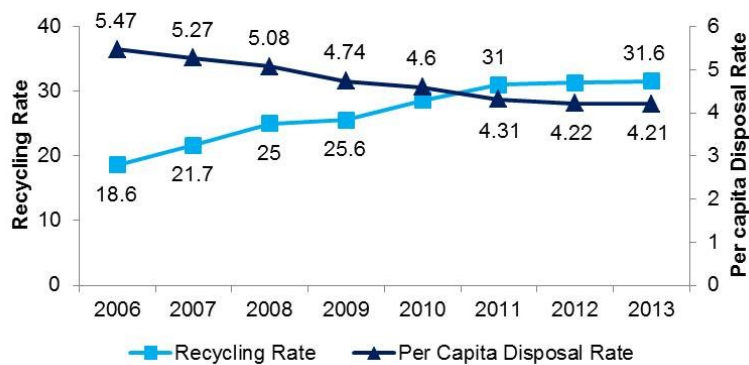
BOW is the lead among multiple state agencies in **coordinating and implementing the state Nutrient Reduction Strategy** signed by the agency heads for KDHE, Kansas Department of Agriculture, Kansas Water Office and the Kansas Department of Wildlife Parks and Tourism.

Reducing landfill usage and finding alternatives to waste

The Municipal Solid Waste (MSW) recycling rate and the per capita disposal rate demonstrate that steady improvements have been made in reducing waste across Kansas. However, over four pounds per person is still disposed each day (a total of over two million tons per year), which shows the need for a thorough and attentive permitting and inspection program to ensure that waste is being properly managed.

The Bureau of Waste Management (BWM) seeks to minimize burdens and costs associated with providing waste management and recycling services by limiting permitting requirements and by technical training and guidance to facility operators.

Recycling Rate and Per Capita Disposal Rate



Without mandates, Kansans have responded to increase the recycling rate from 14 percent to about 33 percent over the past ten years. Currently, approximately one million tons of MSW is diverted from landfills each year, saving valuable natural resources, energy, and landfill space.

During 2014, BWM:

- Developed a plan to modify state laws and regulations for the disposal of naturally occurring radioactive waste.
- Worked with state and local officials following the Baxter Springs April 2014 tornado to facilitate the clean-up and disposal of debris.
- Conducted the first annual Keep It Clean Kansas State Park Cleanup.

Supporting Community Health Systems

The Bureau of Community Health Systems works directly with health care and public health providers to build and sustain Kansas' local and regional health system infrastructure.

More than 90 percent of Kansas

provide health care services at an eligible practice site in a shortage area. Eligible professions include primary care physicians, nurse practitioners, physician assistants, dentists, dental hygienists, and clinical professional counselors. Eligible practice sites must be public or nonprofit agencies maintaining an

dentists, bringing health professional services to shortage areas.

The health sector plays a direct role in the state's economy:

- Employs **12 percent** of all job holders in the state.
- Generates over **\$13 billion** in total income.
- More than **\$21 billion** in total sales annually.

(Source: January 2013, Office of Local Government, KSU Research and Extension)

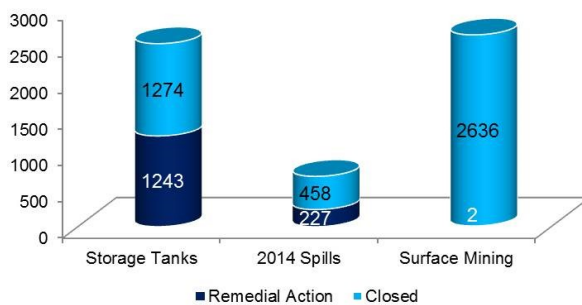
counties are federally designated as health professional shortage areas. Ninety-six counties have a primary care and/or dental health professional shortage, while 101 counties have a mental health professional shortage. The Kansas State Loan Repayment Program (SLRP) assists with the recruitment of providers to these shortage areas by providing educational loan repayment assistance. Primary care health providers receive assistance with the repayment of their qualified educational loans in exchange for a minimum two-year commitment to

open door to all residents, regardless of their ability to pay or their payment source. The Kansas SLRP receives state and federal financial support providing \$300,000 in awards annually. State support for the Kansas SLRP is matched federally by the Health Resources and Services Administration. Since 2010, the Kansas SLRP has provided **educational loan assistance to 32 providers** across Kansas, including nine primary care physicians, seven nurse practitioners or physician assistants, and seven primary

Remediating contamination to protect health and the environment

The primary goal of the Bureau of Environmental Remediation (BER) is to protect the health of Kansans and to preserve one of the most important natural resources - our water supply, both groundwater and surface water, from environmental contamination.

2014 Remedial Activities



BER regulates more than 3,200 environmentally contaminated sites and oversees remedial actions taken by the parties responsible for the contamination. BER works in cooperation with businesses to ensure a careful balance of protecting the public health and natural resources of the state, while striving to minimally impact public and private sector business functions.

BER programs promote a growing economy through the redevelopment and reuse of underutilized property by assisting landowners, purchasers, developers, realtors and lenders.

BER operates several programs that assist property owners to assess or improve the environmental conditions of their property, which can ultimately promote redevelopment and/or facility upgrade or resale.

In 2014 BER's programs:

- Responded to a perchloroethylene (PCE) groundwater contamination emergency in Wichita, where two former dry cleaning facilities contaminated groundwater.
- Partnered with the Eagle Picher Custodial Trust and the City of Galena to facilitate the cleanup of the former Eagle Picher Smelter facility.
- Worked with the RACER Trust and NorthPoint Development to cleanup contamination at the Former GM Fairfax Plant I Site in the Fairfax Industrial District of Kansas City.

Providing Laboratory Testing and Support

The Kansas Health and Environmental Laboratories (KHEL) provide both clinical and environmental laboratory services to many programs within KDHE and facilities throughout the state.

During 2014 Kansas Health and Environmental Laboratories have:

- Performed over 45,000 screening tests for children.
- Performed over 50,000 drinking water tests for public water systems.
- Certified over 3,000 clinical and environmental laboratories in Kansas.
- Trained and certified over 400 law enforcement officers in breath alcohol testing.

The clinical services include screening new babies for possible harmful disorders, performing other clinical tests in support of various state and local programs as well as supporting local health departments, hospitals and the state epidemiology programs with disease or outbreak investigations. The Environmental services provided include testing most of the community water systems in the state to ensure safe drinking water and supporting cleanup and monitoring activities for environmental contamination.

In 2014, the laboratory continued to enhance communications and services to its various customers by expanding utilization of the Laboratory Information Management System (LIMS) and continued to improve laboratory performance with staffing and workflow improvements. In addition to the testing services, KHEL is responsible for clinical and environmental laboratory certifications throughout the state. KHEL will continue to expand the communication and relationships with its customers as well as increasing testing support services as requested by the agency.



Fielding a return on investments for our environmental practices

The Bureau of Environmental Field Services (BEFS) provides services to the other four bureaus in the division of Environment. Regular compliance inspections serve to protect the health of the environment and citizens of the state.

Through visits to permitted facilities, BEFS district staff are able to provide **technical advice and compliance assistance** to permitted facilities.

In 2014, BEFS:

- Responded to hundreds of citizen concerns, as well as **technical assistance requests** from business and permitted facilities.
- Assisted businesses with **mitigation of spills and releases** throughout the state, protecting the health of citizens and the environment.

BEFS works to ensure consistency in regulatory compliance, assisting both industry and municipalities with economic certainty, and developing strategies to incorporate new inputs into existing or expanding infrastructure. By maintaining a **level regulatory playing field**, assisting with compliance, and by helping business understand regulations which apply to their industry, the risk of starting new ventures is lowered. With each new business, **private sector employment is enhanced**. BEFS staff are trained to ensure consistency in compliance inspections and to provide compliance assistance whenever possible.

BEFS staff have also responded to and **investigated blue-green algae reports** from local lake managers and the public since 2010. During the 2014 sampling season (April 1–Oct 31), more than **100 samples were taken** from bodies of water across the state, bringing KDHE's sampling to over **800 in a five year span**.

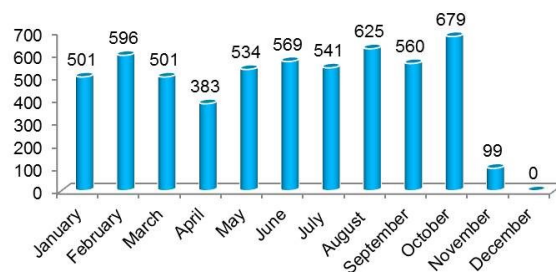


2014 Public Health Investigations

The Bureau of Epidemiology and Public Health Informatics (BEPHI) maintains trained epidemiologists who provide expertise and technical assistance to local public health departments, private health professionals and the public on a variety of health issues. Work centers around a wide range of activities to assess and reduce risks for the spread of infectious and zoonotic diseases, environmental exposures detrimental to health and traumatic injury in Kansas.

In addition, vital event records are filed and issued to the public and health statistics are disseminated to facilitate local and state community health assessment.

2014 Technical Assistance Encounters by Month



BEPHI conducted 51 public health investigations in 2014:

- 19 outbreaks of vaccine-preventable diseases.
- 25 gastrointestinal illness outbreaks including pathogens spread through contaminated food or water or from person-to-person.
- 7 investigations conducted because of environmental or other concerns.

Electronic Laboratory Reporting Reaches Goal

Kansas has worked collaboratively with the Centers for Disease Control and Prevention to establish capacity for private and public health laboratories to submit disease information electronically. Converting disease reporting from inaccurate and incomplete paper reporting to a standardized, more secure electronic one has been challenging but one that is more efficient and cost effective. Kansas initiated electronic laboratory reporting (ELR) in 2012 for all reportable diseases and elevated blood lead results. As of October 2014, 29 laboratories report electronically, resulting in 74 percent of all Kansas laboratory reports for notifiable conditions received through ELR. Reports are available to KDHE on average, 2.7 days sooner than with the paper process. Due to faster reporting, disease outbreaks are addressed more quickly, can be contained and reduce the number of individuals becoming ill.

Working to expand the dental sealant program in Kansas

The Bureau of Oral Health works to increase public awareness regarding dental disease and prevention and is dedicated to improving the oral health of all Kansans through: oral health data collection and dissemination, statewide oral health education, development of evidence-based oral health policy and statewide programs dedicated to oral disease prevention.

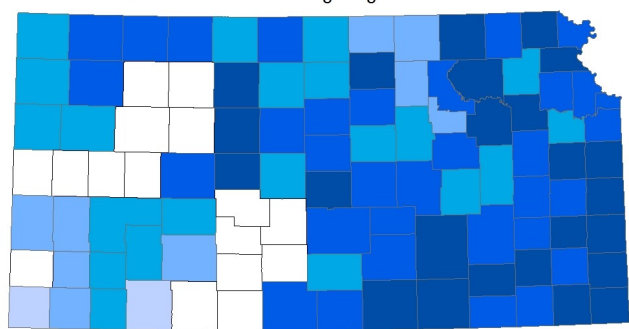
Oral health screenings provide the state with county level data on the prevalence of dental caries, dental sealants and urgent care needed among Kansas children grades K-12. The School Sealant Program provided 4,895 children with a total of 20,026 sealants placed for the 2013-14 school year. In addition 14,036 prophylaxis and 19,166 fluoride varnish treatments were performed.

Screenings were provided to one-third of the students enrolled in grades K-12 in Kansas public schools. Over 4,100 of students screened demonstrated the need for urgent care.

The Kansas School Oral Health Screening Initiative provided over 154,000 screenings to Kansas public school students.

The prevention and education activities associated with these efforts are greatly enhanced through cross-cutting work with other KDHE programs within the Bureau of Family Health, Division of Health Care Finance, Bureau of Disease Control and Prevention, Bureau of Epidemiology and Public Health Informatics and others. KDHE continues to partner with the Kansas Dental Association and the Delta Dental Foundation/Corporation to increase funding and tuition reimbursement for Kansas students to attend dental school and increase the awareness of the need for providers in underserved areas across the state.

Dental Sealant Prevalence among Children Grades 3-12
Kansas School Screening Program 2013-2014



No Data <12% 12-24% 24-36% 36-48% >48%

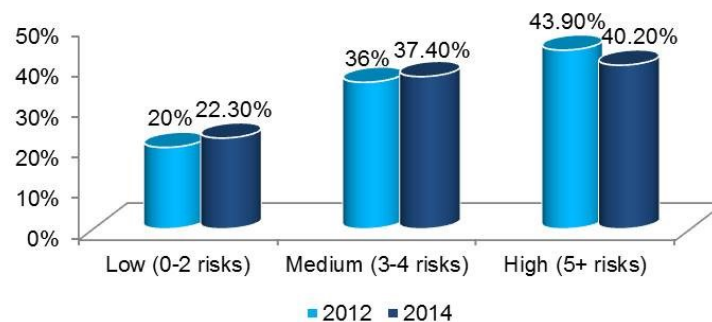
More employees moving to low-risk category in State Employee Health Plan

The State Employee Health Plan (SEHP) reports since 2012 through the end of the 2014 program year there has been a reduction of 3.7 percent in the high risk cohort population. The low risk cohort population has seen an increase of 2.3 percent over this same time period. This trend indicates this cohort population of 19,351 had a positive improvement in their health status.

With a favorable risk trend over the last two years and a continued future favorable trend, this will result in cost savings for the State and the employee over time, and will be a direct cause in the reduction of the medical services trend.

Additionally, enrollment in the High Deductible Health Plan with a Health Savings Account increased enrollment by approximately 25 percent for Plan Year 2015. The increase in enrollment for this plan will result in savings to the State and better health care management by the individual member.

**Risk Factor Distribution:
2012-2014 Population**



The SEHP implemented MAP, allowing documentation to be scanned directly into the system resulting in efficiency and cost savings for both the state health plan and the non-state groups.

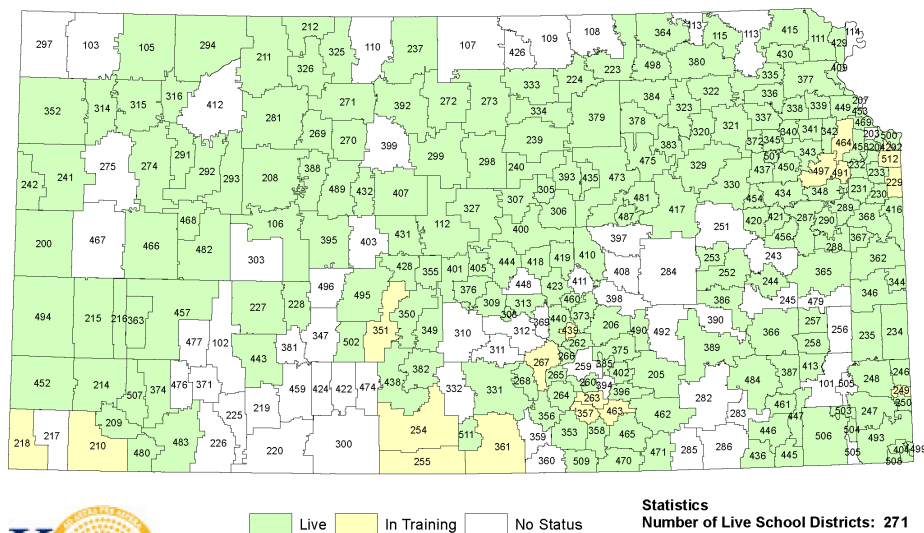
The SEHP also implemented transparency tools offered by Rx Savings Solutions and Castlight which allow for the health plan members to make more informed choices related to their medical care.

Enhanced data for vaccination of Kansas children

Children who have received all of the recommended and required immunizations are less likely to contract vaccine preventable diseases. The **Kansas Immunization Program** works to ensure that as many children as possible are **immunized against vaccine preventable diseases** so they can have healthy and productive lives.

Vaccines captured by schools in KSWebIZ have increased almost 20 percent over 2013. This number has **more than quadrupled since 2010**. School personnel provide data that result in the creation of more complete immunization histories for children. The degree of accuracy and completeness in these records can also facilitate our ability to target resources to underserved areas. The inclusion of immunization data captured by schools helps to enable **KSWebIZ** to meet the Kansas Healthy People 2020 objective: Increase the percentage of children less than 6 years of age whose immunization records are in a fully operational, population-based immunization information system (IIS) to 95 percent.

KSWebIZ School Districts Live as of May 31, 2014



Data Source:
 Department of Legislative Research
 KDHE Bureau of Disease Control and Prevention

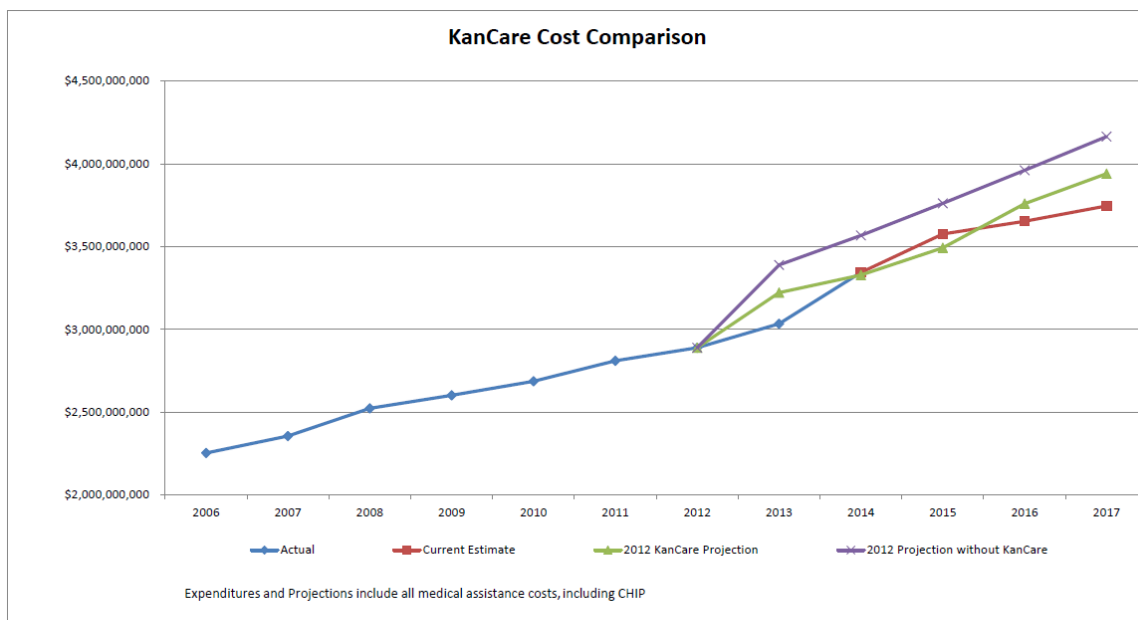
KanCare Improving outcomes for members, slowing the costs of Medicaid

Since January 2013 KanCare has provided the **right care, at the right time, in the right place** to approximately 424,000 Kansans who receive medical services through the joint federal-state Medicaid program. By providing **better coordinated services** and **improving the health outcomes** of these Kansans, the projected cost growth of KanCare has been reduced.

KDHE anticipates that costs associated with KanCare will be driven lower than initially projected through 2017.

In 2014, KanCare:

- Successfully implemented **Serious Mental Illness (SMI) Health Homes** program.
- Began the implementation of a comprehensive **healthcare data analytics** strategy.
- Submitted a **Medicaid Management Information System (MMIS)** request for procurement.



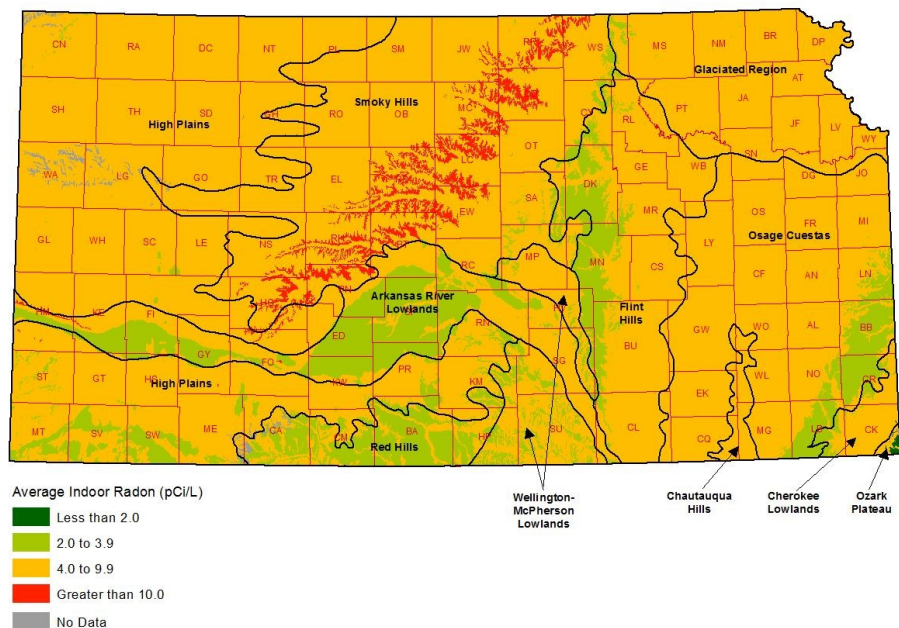
Kansas Radon Program: Promoting testing to protect families

The **Kansas Radon Program** performs outreach and education to the citizens of Kansas on the harmful effects of radon gas, how to test for it, and how to repair structures to mitigate the health threat posed by radon gas. Radon is a tasteless, odorless, colorless, naturally occurring radioactive gas found in nearly all soils which comes from the breakdown of uranium. Outdoors, radon is diluted to low concentrations, but once inside an enclosed space, radon can accumulate to significant levels. Radon is the **first leading cause of lung cancer** in people who have never smoked and is **estimated to cause over 200 lung cancer deaths** in Kansas every year.

During 2014, KDHE sought to better understand the prevalence of radon in housing across the state. Through a statewide partnership and public outreach campaign, KDHE was able to gather additional radon gas measurement data. Additionally, KDHE worked across agencies to obtain geological maps that help assess the parts of the state where environmental exposures to radon are most likely to be severe. This information will allow KDHE to continue to **promote testing and remediation to protect Kansas families** from the health effects of radon gas.

The radon program also administers the **Radon Licensing Law** in Kansas that ensures residents that companies hired to test for or remediate radon hazards in homes in Kansas are properly trained in the work practices that they perform.

Average Indoor Radon Measurements with Respect to the Surficial Geology of Kansas



Preventing chronic disease and injury in Kansas

Chronic diseases, such as heart disease, stroke, diabetes and cancer, are the most common and costly of all health problems, but they are also the most preventable. Four common, health-damaging, but **modifiable behaviors**—tobacco use, insufficient physical activity, poor eating habits, and excessive alcohol use—are **responsible for much of the illness, disability, and premature death** related to chronic diseases in Kansas. Screening increases the chances of detecting disease early.

Obesity is a contributing cause of many other health problems, including heart disease, stroke, diabetes, and some types of cancer. These are some of the leading causes of death in Kansas. The rate of diabetes has more than doubled over the past 10 years. Diabetes is a disease marked by elevated blood sugar levels caused by a lack of or insufficient insulin production or the body's resistance to the effects of insulin. Insulin is the hormone produced by the body for the purpose of converting sugar and starches into the energy necessary for daily life. Currently, 8.5 percent of adult Kansans, about 180,000 people, have diabetes; 120,000 more have undiagnosed diabetes. Kansans with diagnosed diabetes experience an increase in **medical expenditures that are 2.3 times higher** than what expenditures would be in the absence of diabetes. Furthermore, people with diagnosed diabetes incur average expenditures of \$11,744 per year, of which \$6,649 is attributed to diabetes. Treating diabetes costs Kansas an estimated \$1.5 billion in direct and indirect costs.

The Early Detection Works (EDW) program partners with over 300 Kansas providers to offer free breast and cervical cancer screening services to women who qualify.

- In 2014, EDW screened over 6,200 high risk, low income women.
- Since 1996, EDW providers have diagnosed **more than 962 cervical cancers and more than 633 breast cancers** in Kansas women.

Diabetes in Kansas

- Children born to **mothers with gestational diabetes** are at risk for obesity, type 2 diabetes and learning disabilities.
- Over 60% of Kansans are **overweight or obese**, a key risk factor for developing type 2 diabetes.
- **One in 3 children** born in 2000 is expected to develop type 2 diabetes.

Tobacco use remains the single most preventable cause of disease, disability, and death in Kansas and is linked to nearly all chronic diseases. Cessation can significantly reduce the risk of suffering from smoking-related diseases. Tobacco/nicotine dependence is a chronic condition that often requires repeated interventions and requires support. **More than half (55 percent) of Kansas adults have tried to quit smoking one day or longer.**

Injuries The Injury Prevention Program provided support for over 300 local events and partnered with local organizations and communities to distribute

install and/or provide resources for **over 4,200 car seats, smoke alarms, carbon monoxide detectors, and life jackets**. Fall prevention and intentional injury prevention training and technical assistance reached over 10,000 Kansans.

Quality Improvement: Pathway for Excellence



The KDHE Quality Improvement (QI) Council has been established and has produced a QI Plan for the agency. The Plan provides guidance for all KDHE staff to use when implementing QI Projects to **improve efficiencies in their programs and services**. The implementation of the Plan will link together the State Health Improvement Plan, KDHE Strategic Plan and the Public Health Accreditation Board's (PHAB) Standards and Measures. It will also be closely linked to the KDHE Workforce Development Plan. The KDHE QI Plan describes an approach to managing performance and quality improvement across the agency. The QI Plan also provides guidance on the **best-practices for quality-focused processes and activities** for use throughout the agency. When implemented in a collective and coordinated effort, the QI Plan is designed to ensure that quality public health services are provided across all programmatic and administrative areas, and are consistently improved to meet customer and stakeholder needs.



"I want to take this opportunity to note how very impressed I and our whole department have been with the outstanding staff and culture you have created at KDHE. It is a real pleasure working with you all, and I feel that your team does an incredible job at seeding and supporting tobacco control efforts with a wide variety of community based organizations, agencies, and policymakers throughout the state. Undoubtedly, the CDC gets a huge "bang for the buck" with their investment in your program, and I'm proud to be one of your collaborators."

**Kim Richter, PhD, MPH, Professor, Dept. of Preventive Medicine and Public Health,
University of Kansas Medical Center**

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